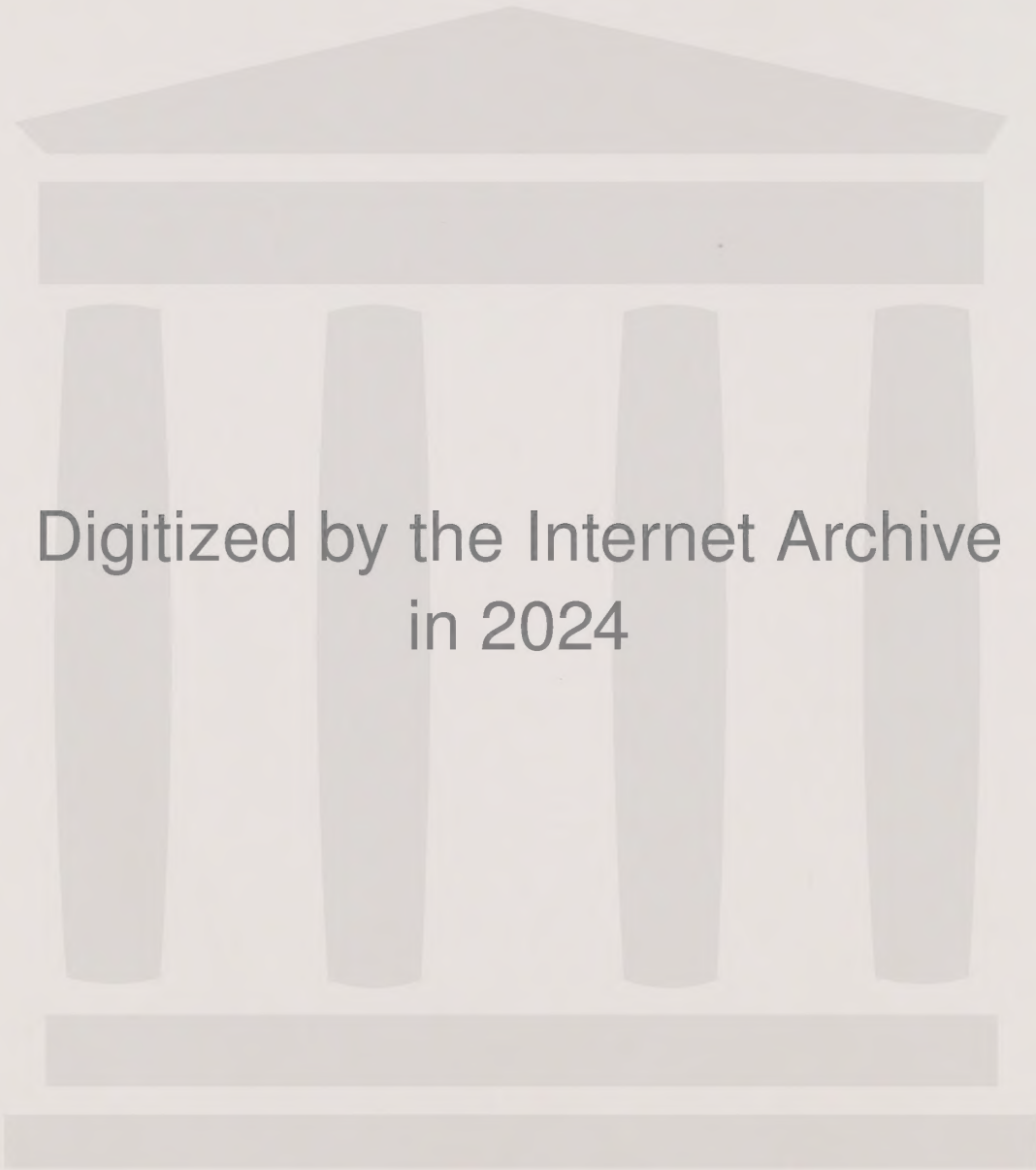
SUMMARY REPORT

ALAMEDA COUNTY HEALTH FACILITIES MASTER PLAN

The Design Partnership, Architects and Planners 29 March 1988



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PREFACE

This Summary Report of the Health Facilities Master Plan for Fairmont Hospital and Highland Hospital has been prepared to give an overview of the needs, priorities and facility responses at each hospital.

The report is divided into five sections:

OVERVIEW: summarizes the county obligations for hospital services.

NEEDS AND PRIORITIES: describes the problems that exist at Fairmont Hospital and at Highland Hospital and states the priorites that have been identified by each hospital and the Health Services Agency.

RESPONSES: begins with an explanation of the approach used in master planning and concludes with a description of the master plan proposed for each hospital and how it addresses the needs and priorities.

COSTS: summarizes the capital budget that has been developed for both hospitals.

SCHEDULE: is a bar graph illustrating a potential schedule for funding, design and construction for each hospital.

Each section is identified on the upper right hand corner of the page. For quick ease of reading, the report has generally been written in an outline format. There are Health Facilities Master Plans for each hospital which describe the information in this report in greater detail.

The consultants thank the staff of both hospitals and the Health Services Agency for their excellent leadership, cooperation and follow through. We were all able to develop this plan in an unusually short amount of time because of the staff's help.

The plan was prepared by The Design Partnership, architects and planners, 375 Fremont Street, San Francisco, CA 94105, telephone 415/777-3737. Assistance in developing the strategic plan and needs priorities was provided by Decision Management Associates, 2556 Rinconia Drive, Los Angeles, CA 90068, telephone 213/465-0229.

OVERVIEW

OVERVIEW

As an overview of this Health Facilities Master Plan, the following letter is included. It was was sent to each member of the Board of Supervisors, and to the County Administrator on February 10, 1988, by the Director of the Health Care Services Agency in preparation for presentation to a portion of the Board of Supervisors on February 23, 1988.

"SUBJECT: Hospital Capitalization

At the February 23, 1988 joint Board of Trustees meeting for Fairmont Hospital (FH) and Highland General Hospital (HGH), your Board will be presented with a comprehensive plan for long-term capitalization needs of the two county hospitals. The report and recommendations contained therein are a culmination of past studies and reviews, and argue for the replacement of 24-hour patient care facilities at FH and the Emergency Room/clinic (ER) area at HGH.

The recommendations are thorough and ambitious. They are also regrettably costly and come at a time when county resources are dwindling proportionately to the service demands and when the state is pursuing a policy of active abandonment of its health care responsibilities.

REALISTIC ANALYSIS & PROJECTIONS

My office fully recognizes the difficult position your Board has in funding existing services, let alone to plan for and support the development of a capitalization project such as is recommended here. Nevertheless, what is proposed is based on what I believe to be a realistic analysis and projection of:

1) what the county obligations for hospital based services are likely to be over the next thirty years;

2) the extent to which current facilities are adequate to meet these needs and obligations;

3) whether or not the plans proposed are consistent with the projected needs and the identified deficiencies of both facilities; and

4) what the estimated costs of these projections are and what, if any, finance options exist to support their development.

In addressing these questions, neither the Health Care Services Agency (HCSA) nor our consultants possess a crystal ball. We do know some things, however, and what we know all point to the direction recommended. Specifically, we know:

- Over the past six years, there has been a constant shift away from the policy of "mainstreaming" health care services to the poor to a two-tier system in which the poor and uninsured are largely relegated to the public sector, i.e., county (see attached editorial from *Sacramento Bee* regarding U.C. Davis). (See Appendices)

TWO-TIER HEALTH CARE

- This policy shift has been driven less by a philosophical bent than by the desire and need to control health care costs. As such, this policy may be softened with different administrations but will not bet appreciatively changed in the years ahead. The cost of reintroducing "mainstreaming" is simply too prohibitive.

MAINSTREAMING TOO COSTLY

- The private sector's interest in the poor is minimal and centered primarily around their need to be compensated for unreimbursed care for the indigent patients seen/or hospitalized through their emergency rooms. No one wants to be either a HGH or a FH, nor do they want to see either HGH of FH close.

MINIMAL PRIVATE HELP

- Although we are seeing the pendulum swing back to pre-Medi-Cal days, other institutionalized controls regarding hospital stays, admission criteria, etc., will not bring about a return to the 500-600 bed county hospitals of yesteryears. The focus of intervention is and will continue to shift to ambulatory care (including surgery) with the acuity level steadily rising for those who be hospitalized. County acute hospitals will thus be more likely expanded ICU facilities and our skilled nursing facility (SNF) more like a sub-acute hospital. Under this scenario, the county hospitals will be the hub of an expanded network of ambulatory clinics (both county-operated and CBO's) and will act like a magnet drawing in the more acute, difficult, and high risk patients, while brokeraging out other levels of care or patient categories.

INCREASED AMBULATORY CARE

OVERVIEW

- As resources become more scarce and the acuity level rises, the ability to quickly triage and move patients efficiently through the plant will become more and more critical. Ambiance is and will continue to be secondary to functionalism.

QUICK RESPONSE ESSENTIAL

- Neither the E.R., Urgent Care, or clinic area at HGH nor the patient care area of FH are adequate for today's needs, let alone the future. They are either inefficiently designed (HGH) or totally antiquated (FH). Renovation costs almost always exceed that of new construction and produce less desirable results. Piecemeal approaches buy time and temporarily satisfy licensing, but they do not provide any permanent solutions. While they may be necessary in the short run, the county must have a long-range plan for its hospitals and

INADEQUATE FACILITIES

- There are simply no easy ways to finance projects of this magnitude. The state disinterest in health care extends to their attitude toward public hospital capitalization. The Governor has neither recognized the need for nor supported any capital construction for public hospitals during his entire tenure. Also, unlike private hospitals where major capitalization is funded through bond measures repaid by projected revenue enhancement made possible by the new construction, county hospitals can anticipate no such revenue increase. We are building to survive, not to increase our market share; and our revenue sources (Medi-Cal, AB-8, MIA) certainly do not adjust to reflect increased costs or capital needs.

FINANCING ALTERNATIVES

EXPECTATIONS

I do not expect that this and other information presented at the February 23 meeting will lead to any specific action by your Board. The gravity and complexity of financing these projects preclude anything but an initial review and acceptance of the material presented. I hope, however, that what will become clear and convincing is that the county has little choice for the future but to maintain its public hospital system; that its present hospital facilities are inadequate to meet the projected needs; and that the plans proposed are consistent and reasonable, given those needs. If this assessment is shared by your Board, then I ask that we shift our attention and the expertise of your Board and the CAO to identifying options or strategies to secure the necessary

funding. My office has already begun this process and will suggest some areas to pursue at our meeting, e.g., Riverside County using city redevelopment funds to construct a new facility.

As always, your attention and support for health care services is greately appreciated. Please call me if there are any questions regarding this matter.

OVERVIEW

FAIRMONT HOSPITAL

OVERVIEW

HIGHLAND HOSPITAL

NEEDS & PRIORITIES

NEEDS & PRIORITIES

APPROACH

As part of the Health Facilities Master Plan process, the management team held a series of planning meetings at each hospital to achieve the following objectives:

- **Identify and discuss "stakeholder" needs and expectations**
- **Determine programmatic priorities for facility improvements**
- **Agree on criteria for evaluating master plan design options**
- **Assess the proposed options**

FAIRMONT PRIORITIES

After analyzing the many needs, the nine main program priorities were identified for Fairmont Hospital to be considered by the Facilities Master Plan. Those priorities are:

- **Improve Inpatient Accommodations**
- **Link Ancillaries To Patient Areas**
- **Satisfy Licensing Requirements**
- **Improve Outpatient Services**
- **Strengthen Rehab Services**
- **Develop Long-term Care Services**
- **Strengthen Relationships With Highland**
- **Expand Skilled Nursing Beds**
- **Improve Support Areas**

A brief description of each of these program priorities is presented on the following pages. More detailed analyses are contained in the Health Facilities Master Plan report for Fairmont Hospital.

IMPROVE INPATIENT ACCOMMODATIONS

The inpatient facilities are seriously lacking in amount, quality and organization of space.

Patient privacy is inadequate;

- Increased acuity of illness requires greater patient separation.
- Many patients are in 8 bed wards.

Physical organization causes staff inefficiencies;

- Nursing unit sizes are not efficient to operate.
- Circulation of staff and patients is through one ward to get to another.
- Nurses' stations are remote and small.
- Support areas are poorly located.

Treatment areas are inadequate in size and number

Ventilation is inadequate;

- There is no air conditioning.
- With increased acuity, this is of great concern in multi-bed rooms.
- Medical Isolation rooms are inadequate.

Storage and support space are inadequate in size, number and location.

The buildings need to be structurally strengthened according to previous seismic and building safety studies.

LINK ANCILLARIES TO PATIENT AREAS

Patient treatment and nursing units occur in three separated buildings: "B", "C", & "H". Additional dietary, materials and administrative support is located in three other buildings: "Services", "E", and "Administration". Outpatient services and Urgent care is located in "B". Admitting is in another free standing "temporary" structure next to "B". It is difficult for the patient and inefficient for the staff to travel between these buildings.

Inpatients must be taken outside from the nursing units

- to move from one building to another
- to receive treatment such as: X-ray exams, laboratory tests, rehab therapy,etc.

Outpatients must also go to several buildings

- to visit the pharmacy, radiologist, laboratory, rehab therapy etc.

The travel paths are long

- go up and down steep ramps,
- pass trash collection points, and pass through unrelated area.

The staff time required to move patients is excessive; especially when staffing hours must be kept to a minimum.

SATISFY LICENSING REQUIREMENTS

Many of the needs cited here have also been identified by the Licensing Division of the State of California and by the Joint Commission for the Accreditation of Hospitals.

FAIRMONT PRIORITIES

IMPROVE OUTPATIENT SERVICES

The outpatient facilities are seriously lacking in amount, quality and organization of space.

Outpatient functions are not well organized physically:

- To receive services patients must go to several buildings "B", "C", "H" and registration trailer.
- Patient waiting areas are inadequate
- Physical organization causes staff inefficiencies.
- Spaces are not well organized.
- Support areas are poorly located

Treatment areas are inadequate in size and number

Ventilation is inadequate; there is no air conditioning;

Storage and support space is inadequate in size, number and location.

The buildings need to be structurally strengthened according to previous seismic and building safety studies.

STRENGTHEN REHAB SERVICES

Rehabilitation services are an important part of the Long-Term care which Fairmont Hospital provides. By delivering strong effective inpatient and outpatient rehabilitation services the need for inpatient and extended outpatient care can be controlled and reduced.

DEVELOP LONG-TERM CARE SERVICES

Fairmont Hospital must keep up with the changes in long-term care if it is to continue to be the long-term care provider for Alameda County Health Services. In recent times the type of inpatient has changed to one who is substantially more acutely ill. Many of those who used to be treated as inpatients are now cared for as outpatients, home health patients or not at all. The Facilities Master Plan must consider this by:

- **Inpatient facilities must be able to adjust to changes in patient acuity;**
- **Outpatient services must be able to expand to handle more and sicker patients;**
- **Allow for easy shifts in care from outpatient to inpatient.**

STRENGTHEN RELATIONSHIPS WITH HIGHLAND

Both Highland and Fairmont Hospitals are part of the Alameda County healthcare system which also includes several outpatient facilities. The success and efficiency of that system requires day-to-day close cooperation and coordination from all. The Facilities Master Plan should plan for this by:

- **Avoiding unnecessary duplication of service;**
- **Taking advantage of shared services wherever possible.**

EXPAND SKILLED NURSING BEDS

The United States population, and the Alameda County population in particular is ageing. As a result the need for Long-Term Care facilities will expand. There is currently a distinct shortage of LTC beds in Alameda County. Frequently there are long waiting lists for referring patients out of the county system. When that occurs then Fairmont Hospital cannot serve as the pressure relief valve for Highland Hospital. If the community does not respond with more beds then it will fall on Alameda County to provide those beds for its patients.

IMPROVE SUPPORT AREAS

The existing patient care areas lack adequate support; these needs have been summarized above. Other (non-patient) support areas for administration, dietary, finance, housekeeping, etc. have recently been improved and should be retained with little or no change.

FAIRMONT NEEDS

Based on these properties, the needs of Fairmont Hospital may be summarized as follows:

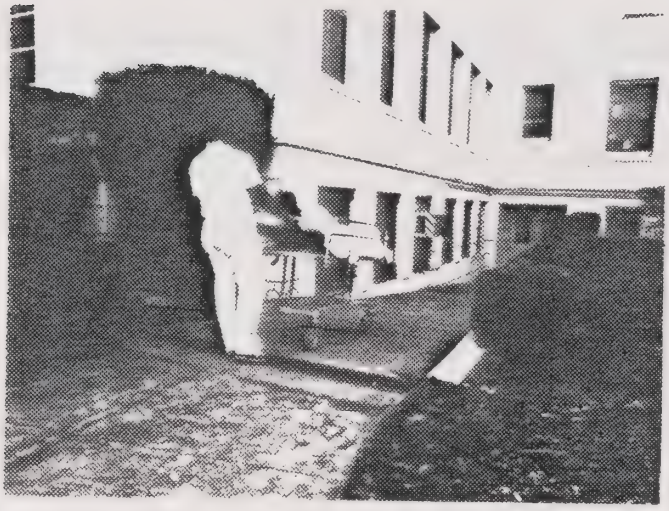
Fairmont Hospital is a 50 Year Old Facility Not Significantly Changed Over the Years.

The Hospital is Composed of Separate Buildings Requiring Patients and Staff to Go Out Out-of-doors When Moving Between Clinics.

Patient Wards Are Antiquated and Cramped with Poorly Located Nursing Stations Causing inefficiencies in Treatment of Patients.

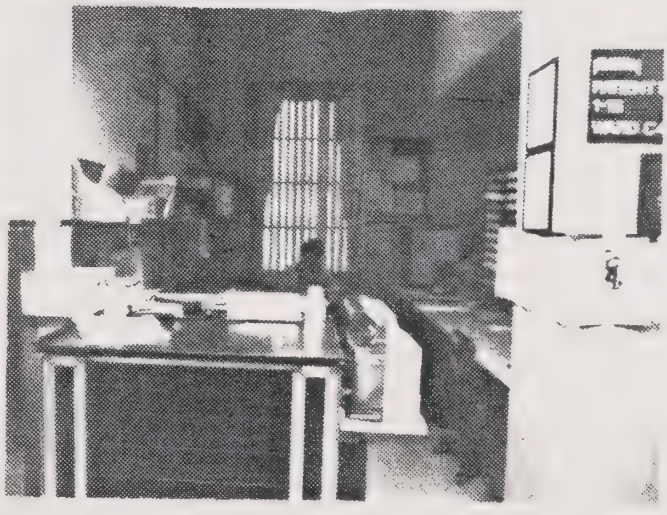
FAIRMONT NEEDS

Outdoor patient transfer



Storage in corridors

Crowded 8-bed wards



Cramped nurses' station

HIGHLAND PRIORITIES

After analyzing the many needs, the six main program priorities were identified for Highland Hospital to be considered by the Facilities Master Plan. Those priorities are:

Highland Must Be a Full Service Acute Hospital as Well as a Trauma Center

Demand for Inpatient Care Will Increase Moderately and the Level of Acuity of the Hospitalized Patient Will Rise.

Demand for Emergency Care Will Increase.

Demand for Outpatient Primary Care and Specialty Care Will Increase.

Primary Care Must Also Be Provided Off-Campus.

University Affiliation is Critical to Maintain the Level and Quality of Patient Care

A brief description of each of these program priorities is presented on the following pages. More detailed analyses are contained in the Health Facilities Master Plan report for Highland Hospital.

HIGHLAND MUST BE A FULL SERVICE ACUTE HOSPITAL AS WELL AS A TRAUMA CENTER

As part of the Alameda County health services system Highland Hospital's role is to provide for the acute and trauma care needs. To do this it must be able to provide the comprehensive services required. It does not need to provide specialized services which will not be used frequently and which are readily available at a reasonable cost from other hospitals in the community. If a community acute care hospital is a Level 2 facility and the most sophisticated tertiary hospital is Level 3, then Highland should be Level 2.5.

DEMAND FOR INPATIENT CARE WILL INCREASE MODERATELY AND THE LEVEL OF ACUITY OF THE HOSPITALIZED PATIENT WILL RISE.

The number of patients using Highland Hospital has increased over the past few years due to:

Increase in the unemployed and the poverty level in Alameda County.

Increased in-migration of refugees

- They have no funds and no knowledge of the health care systems in this country.

Fewer patients have private insurance.

- Many patients work very hard at multiple part-time jobs, none of which offer insurance.

Drug use and drug wars have increased in Alameda County

- The increased use of crack has resulted in substantial in creases of emergencies resulting from both drug over-doses and drug wars.
- The number of pregnant drug users has increased.

Private doctors are no longer willing to see indigent patients.

- Almost all private obstetricians in Alameda County have stopped seeing high-risk indigent drug users as their liability insurance requirements have become more strict.

DEMAND FOR EMERGENCY CARE WILL INCREASE.

The patient volume in the Emergency Department is expected to increase at a rate of 5% to 15% per year. Highland Hospital will be asked to fill more and more of the emergency care needs because:

Private hospitals will continue to withdraw their emergency services

- State and federal reimbursement policies provide economic pressure for them not to provide these services.
- Increases in liability insurance costs add further economic burdens.

Fewer people will have insurance and can afford preventive care.

Preventive care is not used by the poor

- Without affordable preventive care, the indigent populations resorts to last minute care which is often to late and requires emergency treatment.
- There are no appropriately scaled education, primary care or urgent care programs to solve the problem.

Drug problem remains unsolved.

The population of Alameda County will increases slightly.

- More of Alameda County **may** become the poorer impacted inner-city of the East Bay.

DEMAND FOR OUTPATIENT, PRIMARY CARE AND SPECIALTY CARE WILL INCREASE.

The national trend has been and is expected to continue to be transferring as much inpatient care as possible to an outpatient, primary care setting.

Funding programs have been and are being designed to force this to happen.

Highland Hospital has attempted to make this shift as much as possible, but is hampered by inadequate staff, and antiquated facilities which do not allow for economic utilization of the staff available.

More efficient care delivery can be achieved by establishing effective specialty care programs.

PRIMARY CARE MUST ALSO BE PROVIDED OFF--CAMPUS.

The existing other primary care centers in Alameda County should continue to exist. Providing both expanded hours for primary care and adding urgent care at some clinics should be considered as a means of reducing the emergency department load and congestion at Highland.

UNIVERSITY AFFILIATION IS CRITICAL TO MAINTAIN THE LEVEL AND QUALITY OF PATIENT CARE

It is expected that current university affiliation will increase; it is to Highland Hospital's advantage to have this affiliation as a means of recruiting qualified medical and nursing staff and to continue to provide interns as a labor force. The impact of university affiliation on the Health Facilities Master Plan is the need for additional office and a limited amount of classroom space.

HIGHLAND NEEDS

Based on the preceding priorities for Highland Hospital, the Health Facilities Master Plan needs at Highland Hospital may be summarized as follows:

The Emergency Department Must be Enlarged and More Efficiently Designed. Proximities to Related Activities Should be Improved.

Primary Care Services and Their Support Activities Must be Expanded and Reorganized to be More Efficient.

The Project Must be Economical and Use Existing Resources Whenever Possible.

Site Access Must Be Improved.

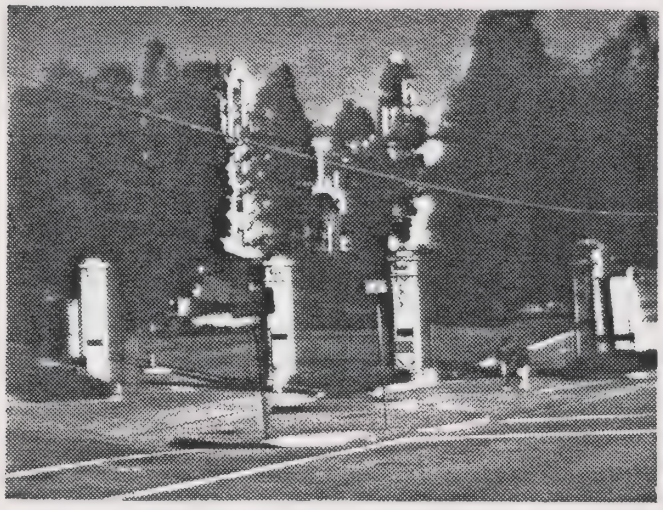
Circulation Within the Hospital Campus Must Be Improved.

The Project Must Plan for Future Expansion.

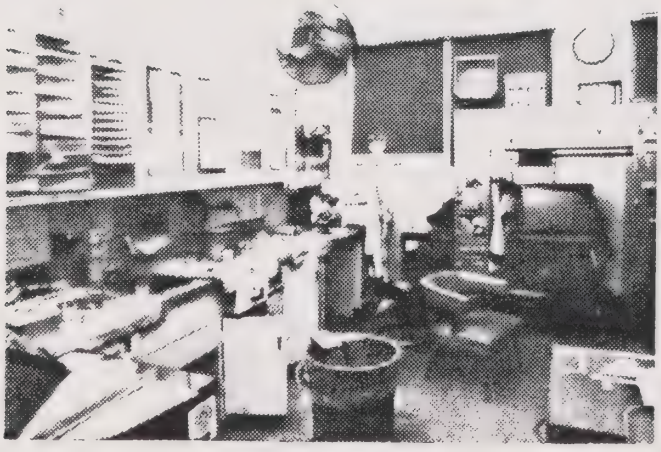
A brief description of these needs is included in the following pages; for a more detail see the Health Facilities Master Plan report for Highland Hospital.

HIGHLAND NEEDS

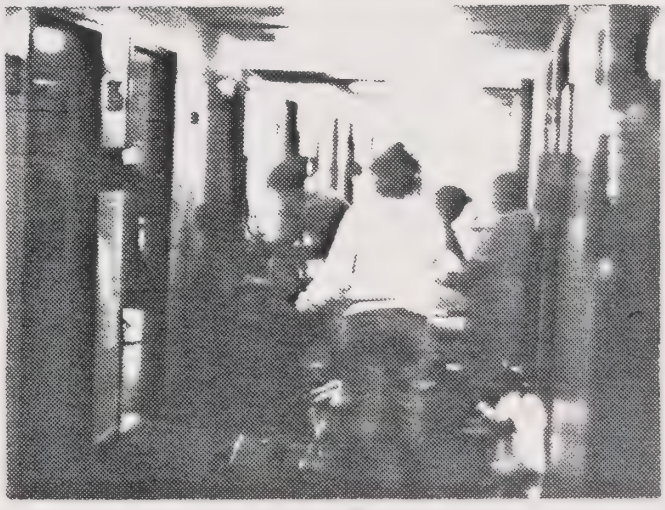
Difficult site access



Lack of parking



Crowded labs



Congested corridors

THE EMERGENCY DEPARTMENT MUST BE ENLARGED AND MORE EFFICIENTLY DESIGNED. PROXIMITIES TO RELATED ACTIVITIES SHOULD BE IMPROVED.

The Emergency Department is handling a much larger and more acutely ill patient volume than was anticipated by the original design some 30 years ago.

The Emergency Department is too small.

It should be approximately 2.5 times its current size.

- Given the patient volume, the department should have an area of approximately 20,000 square feet instead of 8,000 based on other comparable facilities.

Patients are not properly accommodated.

- Patients are held on stretchers in the corridor because there is no space to hold them in rooms

There are not enough treatment spaces.

The treatment spaces that exist are too small and poorly laid out.

The Intensive Care Unit is frequently full so it is not possible to move patients out of Emergency and into ICU further compounded over crowding in Emergency.

The Emergency Department is not efficiently designed.

The patient entry and triage area is congested:

- It is shared with ambulance traffic.
- It offers little patient privacy.
- It does not have a proper flow of patients, staff or paper.

Visibility of patient treatment areas is poor:

- All treatment rooms are accessed off of a single corridor;
- None are directly visible from the staff station.

The staff is used inefficiently because:

- Poor visibility of patient areas requires extra staff and extra circulation.
- Inappropriately design rooms cannot be efficiently used and are more difficult to recycle for the next patient

Rooms are inappropriately used:

- Because of the lack of space, rooms are inappropriately shared e.g. the Doctors Dictation and charting area is also the Emergency Stat Lab.

The Emergency Department is not well located within the hospital:

It is difficult to find the Emergency Department:

- It is located on a small residential street.
- The entries are poorly marked.
- There is inadequate parking.
- Patient vehicles, ambulances, police vehicles are mixed together.
- Access from the bus stop is difficult

Elevator access to other departments depends on one old slow elevator.

Movement of patients to other departments is difficult because:

- Emergency is located on the 4th floor.
- Surgery is located 3 floors below on the 1st floor in a different building. For an Emergency Department like this, which deals with a high number of trauma patients, Surgery should be next door.
- Intensive Care is on the other side of the main lobby.
- Radiology is 1 floor below.

The Emergency Department is in the wrong building.

- It is located in a "clinics" building; this building could not be made to meet current hospital construction standards except at great expense (equal to or greater than the cost of new construction).
- The building does not meet the current structural codes for earthquake design. In the event of a disaster

caused by an earthquake involving Highland Hospital, it is probable that the Emergency Department would not be able to function.

The Emergency Department should not expand in its current location:

- The location is on a remote corner of the site; expansion here would locate the newest and best resources in a location that would be difficult to use in the future.
- The location suffers from all of the problems described above.

PRIMARY CARE SERVICES AND THEIR SUPPORT ACTIVITIES MUST BE EXPANDED AND REORGANIZED TO BE MORE EFFICIENT.

Primary care services and support are too small:

- Exam rooms are inadequate and the wrong size (too big & too small). The acute care clinic is too small and needs to be relocated if emergency is moved.
- General medicine clinic needs approximately twice as much space.
- Outpatient Specialty Clinic has inadequate visual and acoustic privacy in patient exam areas and too few treatment rooms.
- Maternal and child health outpatient clinic is too small.
- Patient waiting areas are overcrowded.

Primary care services are poorly organized and inefficient:

- Multiple buildings and locations prevent the primary, outpatient care services from being better organized and more efficient.

Primary care services are difficult to find:

- Site access is difficult to find.
- Services are scattered in several locations on site.
- Services should be consolidated into one location.
- Patients and staff share same corridors creating inefficiency.
- The buildings are too narrow be remodeled to meet current needs
- Clinics need close access to radiology, laboratory, and pharmacy; this can be accomplished with satellite facilities.

THE PROJECT MUST BE ECONOMICAL AND USE EXISTING RESOURCES WHENEVER POSSIBLE.

Funds are limited:

- The funds are currently nonexistent; when they are identified, they will certainly be limited.
- Expenditures will need to be phased. Development and construction must be phased so that top priorities can be developed as funds are made available.
- Total replacement of the hospital will be necessary eventually as ex isting buildings become obsolete and must be considered in the plan.
- Available funds should be spent on facilities that will solve the most urgent problems: emergency, trauma, and primary care.

EXISTING RESOURCES SHOULD BE USED WHENEVER POSSIBLE:

Not all buildings can meet current codes.
It would require substantial funds to make the early, 1920's, (A,B,C,D,E and F) buildings meet current structural safety codes according to separate studies by Public Works.

The existing inpatient nursing unit tower was built before California's current structural safety codes for earthquake design were adopted. The building does not meet these codes. Separate reports have been prepared through Public Works to consider the im pact of this. Seismic analysis is not included in this Health Facilities Master Plan.

Some buildings will always be inefficient to operate.
Buildings A,B,C,D, and E are all too narrow too be efficient for out patient or administrative functions.

SITE ACCESS MUST BE IMPROVED.

Street access is inappropriate:

- It is through a residential neighborhood off of narrow 31st street.
- There are multiple entries which are not clearly marked and confusing.
- Access should be from 14th street, a major arterial street.

The site is difficult to navigate:

- The site drops 100 feet from East 31st St. to 14th and Vallecito.
- If patients enter at the wrong entrance it is very difficult to find your way through the campus to your destination

Public transport must be convenient

- Most patients come by bus.
- Buses should stop in front of the main entry doors

Parking for 900 to 1,000 cars is needed on site for patients, staff, visitors and emergency vehicles.

CIRCULATION WITHIN THE HOSPITAL CAMPUS MUST BE IMPROVED.

Circulations and movement by foot and vehicle is confused by several factors. It is a problem of both site and building circulation.

Site circulation is confused by:

- Multiple entrances to the campus
- The building entries occur on four different levels
- Poor signage identifies the services available at the entires
- Parking is inadequate in general and at each entry
- Parking is not located near the required entry

Building circulation is confused by:

- Multiple entries to the buildings at several levels. For example some of the entries occur at:

1st Floor:	Surgery, loading dock and old admin building
2nd Floor:	Clinics building
3rd Floor:	Outpatient clinics in Building "D."
4th Floor:	Emergency and main lobby.

- No clear passage exits through the buildings
- Deliveries, Patients and staff are mixed together
- Elevators are inadequate in the nursing tower
  - Emergency and ICU patients share elevators with visitors & supplies
  - There are not enough elevators to handle the volume
- Related functions are not located close to each other
- 75% of the inpatients arrive thru Emergency;
  - Not all need Emergency treatment and should go elsewhere
  - There is not clear way to direct them elsewhere
- Emergency is on a different floor and building from surgery, radiology & outpatient care
- Outpatients must use functions located in all of the campus buildings.

THE PROJECT MUST PLAN FOR FUTURE EXPANSION.

Allowing for the future expansion and replacement of the existing buildings is essential because:

Services will continue to grow

We cannot be sure of growth directions

There will need to be incremental expansion of various functions, e.g.:

- Radiology
- Emergency
- Laboratory
- Outpatient Facilities
- Special new procedures

Alameda County cannot afford to build it all new now.

None of the existing buildings meet current structural seismic safety codes.

- Separate seismic studies describe the condition of the existing buildings
- The newer nursing tower was designed before the codes were revised.

The existing buildings will continue to become more obsolete

- Mechanical systems will wear out
- Medical systems are incorrectly sized for today's needs

OTHER NEEDS

In addition to the needs and priorities summarized above there are several other departments whose space needs also must be addressed in any new construction projects. Their requirements are described in detail in the Health Facilities Master Plan report for Highland Hospital. The estimated costs and areas required are included in the costs section of this summary document. For example:

The nursing units need to be generally upgraded to provide more private and semiprivate rooms, better bathing facilities, adequate medical gases, a better distribution of beds per nursing unit and other better support.

The Operating Room / Recovery Room has several spatial short comings and should be renovated, expanded or built in a new location.

Some other departments which need substantive additional space are listed below in alphabetical order. Other departments are not listed here which also have a lesser space need.

Administrative Services
Cardiology/EKG
Community Relations
Data Processing
Finance - Admitting and Registration
Finance - General Accounting
Food Service
Gastroenterology
Laboratory
Materials Management
Maternal and Child Health - Inpatient Services
Medical Library
Medical Records
Neurology / EEG Laboratory
Nursing Education
Pharmacy
Physical Therapy
Radiology
Respiratory
Utilization Review

OTHER NEEDS

The Health Facilities Master Plan assumes that some other functions can be moved off site such as:

Public Works shops for carpentry, key, painting and electrical which perform services for facilities other than Highland Hospital. The capital budget includes space for shops to serve Highland Hospital only; it does not include space or costs for those shops not serving Highland Hospital.

Community organizations currently using space at Highland Hospital.

In addition other spaces will need to be modified or replaced as a domino effect resulting from the master plan itself when certain buildings are demolished or functions are relocated.

RESPONSES

RESPONSES
MASTER PLAN APPROACHES

In response to the needs and priorities a specific master planning approach was used which analyzed the existing conditions, developed strategic plan approaches and evaluated alternative solutions as follows:

ANALYZED EXISTING CONDITIONS

The existing conditions were analyzed from several aspects and by several methods to determine the scope of the problems.

Questionnaires, Interviews and Observations of Existing conditions.

- Detailed questionnaires were completed for each department. Inter views with most departments validated the questionnaires and further explored the data. Existing conditions were recorded based on tours.

Departmental Analysis

- Each department's needs were summarized in terms of its services and activities, space needs, location, and staffing projections.

Site and Parking Analysis

- The use of entries and the number and types of parking spaces required by each department were computed.

Relationship of services

- Preferred adjacencies between functions were diagrammed based on data from the questionnaires. The ideal relationships were compared with the existing to identify potential problem areas.

DEVELOPED STRATEGIC PLANS

While the detailed information was being collected about existing conditions, the planning team also developed a strategic plan establishing facility planning criteria, stating hospital goals and objectives and preparing a plan for a health care system.

RESPONSES
MASTER PLAN APPROACHES

Established Facility Planning Criteria

- Planning sessions were held with key staff at each hospital to determine planning assumptions and to describe "stakeholder" expectations.

Stated Hospital Goals and Priorities

- Program priorities for facility improvements and criteria for selecting a master plan were quickly identified and prioritized by key staff using computerized decision management tools.

Hospital Systems Planning

- At a joint planning session both hospitals began to develop an approach for providing the services for which each was best qualified and to avoid unnecessary duplication. As a result they agreed to develop a new patient classification system for patient transfers.

EVALUATED ALTERNATIVE SOLUTIONS

Several alternatives were prepared for each site; using the above criteria, the preferred alternative was selected and developed. One of the alternatives included a new combined hospital at a new un determined site.

RESPONSES
MASTER PLAN APPROACHES

FACILITY PLANNING CRITERIA

Each Health Facilities Master Plan alternative that was presented was evaluated in terms of the following criteria. It must:

- **Meet Program Planning Priorities**
- **Be Flexible**
- **Establish Good Departmental Relationships**
- **Improve the Hospital Access**
- **Be cost effective to operate**

RESPONSES
FAIRMONT HOSPITAL

On the following pages are drawings illustrating the Fairmont Hospital Health Facilities Master Plan. This plan dramatically changes the way in which Fairmont Hospital will be organized and yet makes good use of exist ing resources. The new construction consist of four major elements:

1. Nursing units are located in six new wings of approximately 35 to 45 beds each.

2. Ancillary Services are in a new centrally located building containing radiology, laboratory, pharmacy and other inpatient and outpatient services.

3. Outpatient Services and Urgent Care are located in renovated Building B where the courtyard is filled-in to create a consolidated entry and waiting areas for urgent care, outpatients and inpatients.

4. A new enclosed circulation system surrounds the Ancillary Services and connects it to all nursing units as well as the remodeled Outpatient Services and the existing Support Services.

Five existing Fairmont Hospital buildings remain with few changes:

- Administration Building has no changes

- Services Building will be modified to connect to the new Ancillary Services Building and the new circulation system.

- "E" Building will have a few minor interior changes and will be con nected to the circulations system.

- "H" Building will be set aside for hospice care without any sig nificant changes.

- The Power House will remain with minor changes. Air-Conditioning equipment is expected to be distributed among the new construction.

RESPONSES
FAIRMONT HOSPITAL

The remaining existing buildings are not included in the master plan:

- Laundry,
- Villa Fairmont,
- Edens Children's Center,
- the new psychiatry building and
- other mental health facilities on the campus.

The site has been adjusted to provide a new entry from Foothill Boulevard and to locate parking convenient to the uses.

The less functional existing buildings will be removed including "C", "D" (which was abandoned), the old library, the chapel, and Public Works' storage buildings near the Power House. The plan assumes that other aban doned buildings on campus will be removed independent of this master plan.

FAIRMONT HOSPITAL
SITE PLAN

FAIRMONT HOSPITAL
MASTER PLAN RESPONSES

This plan responds to the needs and priorities by doing the following:

PROVIDE UP-TO-DATE PATIENT CARE UNITS
All inpatient units are located in new buildings which can be designed as required according to each unit's needs. Because all inpatient units are only one story, there is no need for the shape and function to be dictated by the unit above or below. The units have been sized adequately to adapt to the more acute care requirements.

DIRECT ACCESS TO ANCILLARIES
All ancillaries (radiology, laboratory, pharmacy, and patient treatment areas) are in a new building sited in the middle of all of the nursing units and the outpatient functions. This building is also adjacent to the existing support service building (dietary and materials).

CONSOLIDATE CLINICS
All clinics will be consolidated in one building, "B" which will be remodeled for that purpose. A central reception and waiting area will be created by enclosing the lower floor of the existing courtyard. This location will allow consolidation of the admitting and registration functions for urgent care, outpatients, and inpatients as required.

RETAIN NON-INSTITUTIONAL ATMOSPHERE OF HOSPITAL CAMPUS
The six new nursing units are one story. They can be designed to have a non institutional scale. For example they might have pitched roofs and direct access to courtyards from the nursing units. Parking lots can be planned to retain mature trees and other plantings.

ECONOMICAL DEVELOPMENT
The Health Facilities Master Plan for Fairmont Hospital includes several concepts for economical development:

Money is spent where the need is the greatest:
- Inpatient units
- Ancillary Support

- Outpatient and Urgent care.

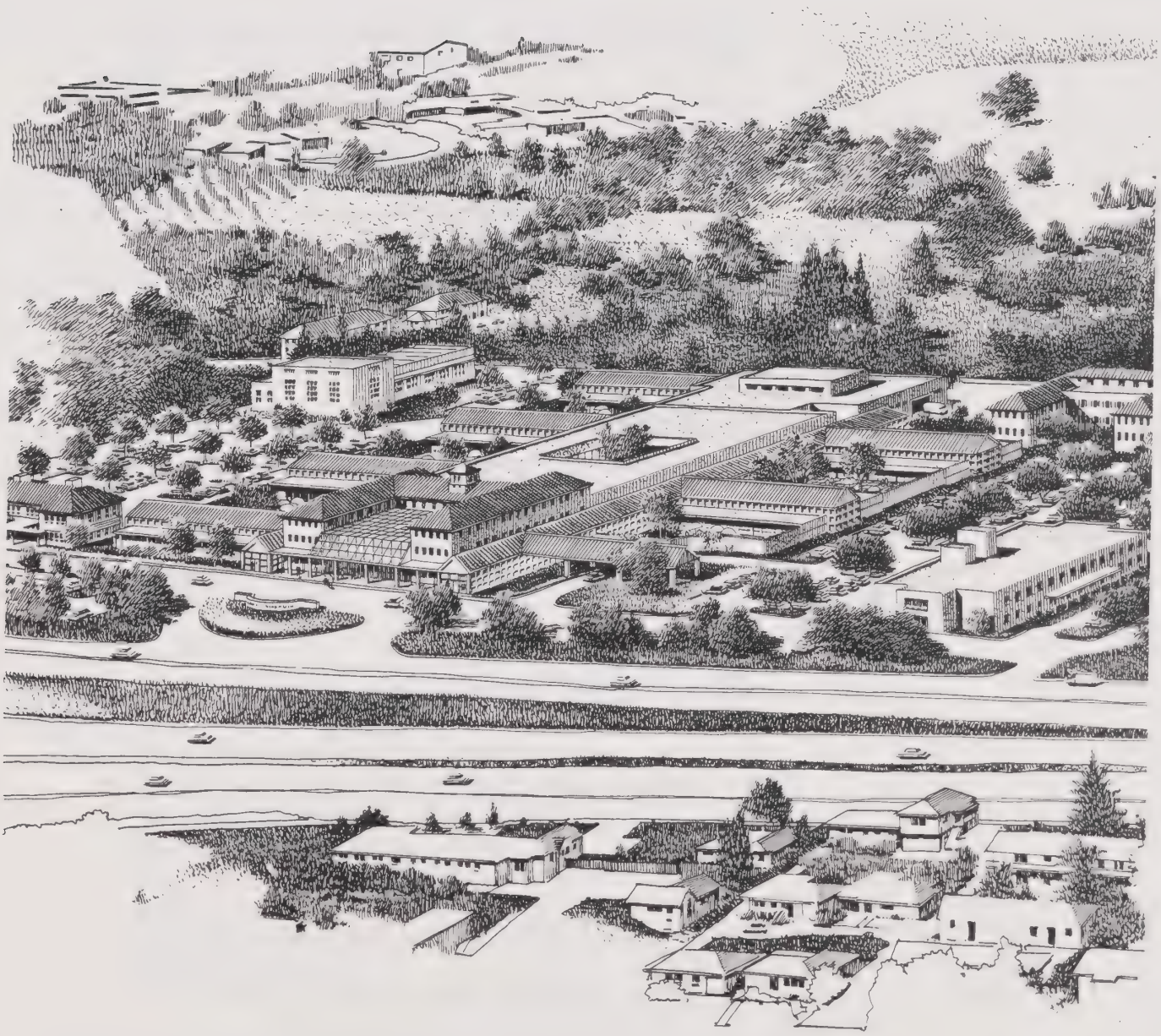
Existing resources are retained with minor or no changes

- Administration Building
- "E" Building for administrative support
- "H" Building for hospice care
- Services Building for dietary, materials & housekeeping
- Power House

Simplified phasing requires a minimum number of moves

Buildings are kept at a low scale allowing less costly construction.

FAIRMONT HOSPITAL
PERSPECTIVE DRAWING



HIGHLAND HOSPITAL MASTER PLAN RESPONSES

On the following pages are drawings illustrating the Highland Hospital Health Facilities Master Plan. This plan dramatically changes the way in which Highland Hospital will be organized and yet makes good use of existing resources.

The new construction consist of four major elements:

1. **A new Emergency Department** centrally located on the campus. There are separate entrances and parking areas for the public and for emergency vehicles.

2. **A new Outpatient Care Building** which links directly to the new Emergency Department and uses the preserved facade of the old hospital administration building.

3. **A new entry** at the first floor linking the public entries of the acute care inpatient tower, the new outpatient care building and the new Emergency Department. This will be located along a new drive from 14th Street.

4. **A new 700 car parking structure** located between 14th Street and the new entry drive.

5. **A new service level** for deliveries, material management and shops located below the parking structure and below the new Emergency Department. Trucks will have access to the new loading dock directly from 14th Street.

Five existing Highland Hospital buildings remain with few changes:

The 9 story nursing tower will be modified to:

- Improve the mechanical and plumbing systems.
- Increase the nuber of private rooms.
- Improve nursing unit organization.
- Add a new elevator tower for Emergency and supplies.
- Upgrade other existing departments such as radiology, laboratory, etc.
- The budget includes no funds for structural upgrade.

The Existing Clinics building which now houses emergency and various clinics will be converted to administrative offices.

The Auditorium will be remodeled for classrooms and education.

"E" Building which is expected to be remodeled in the near future, will be retained for use as support and storage.

The Original Administration Building located at the intersection of 14th Ave and Vallecito Place will be preserved on the exterior. The interior will be gutted to work with the new Outpatient building.

The Power Plant will be retained and will be upgraded to support the new construction.

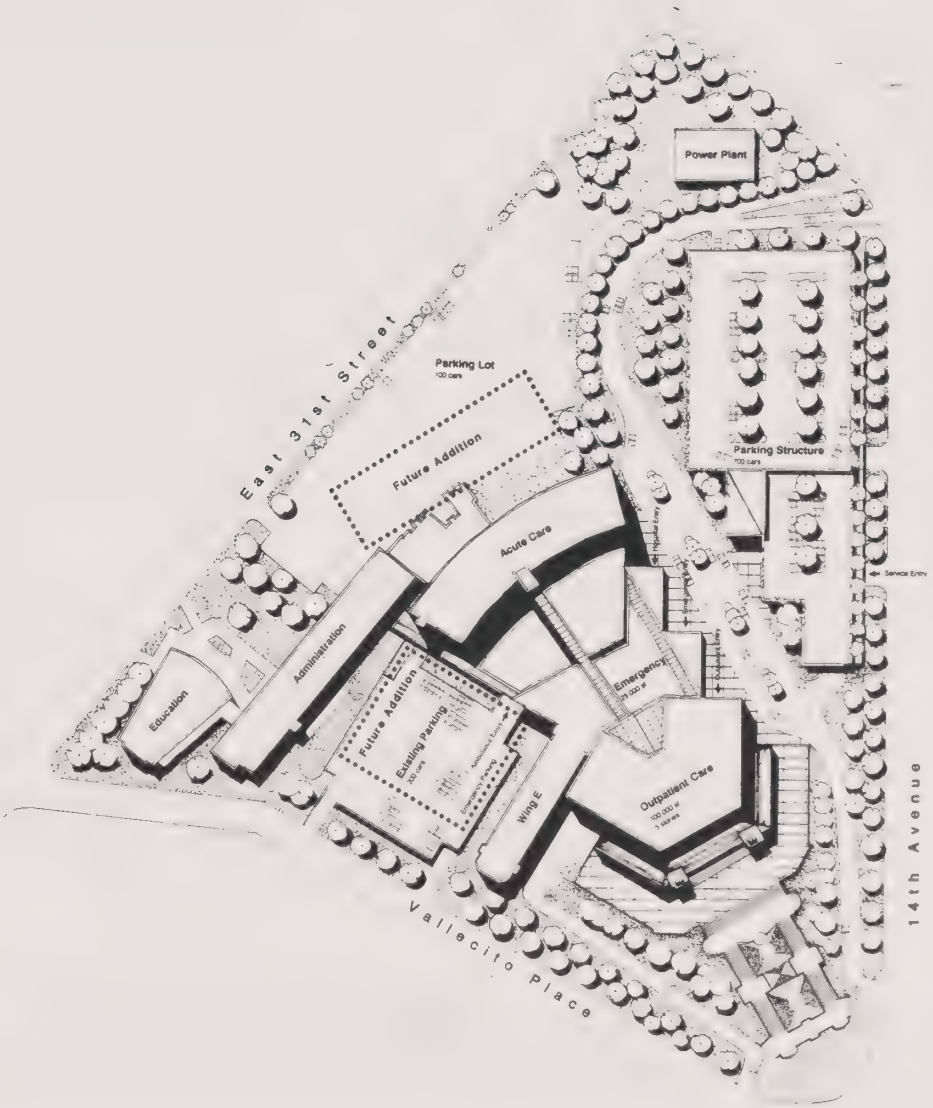
Site changes will improve access and reduce confusion

- A single new public entry drive comes from 14th Street
- Entries to all public services will be from this new drive.
- The parking structure is convenient to all public uses & the drive.
- The drive will be designed for buses to bring patients to the entry.
- A separate emergency vehicle & parking are located off of Vallecito.

The less functional existing buildings will be removed including:

- 1920's Buildings "A," "B," "C," and "D"
- Building "F"
- Portions of the Old Administration Building
- Wing "F"

HIGHLAND HOSPITAL
SITE PLAN



HIGHLAND HOSPITAL
MASTER PLAN RESPONSES

This plan responds to the needs and priorities by doing the following:

RELOCATE AND EXPAND EMERGENCY
Emergency is located so that it is convenient for patient access, near surgery, and has an easy transfer for outpatients, ICU patients and other hospital services.

It is located:
- On the 1st Floor
- Adjacent to surgery
- Directly accessible from the new entry drive
- Near both inpatient and outpatient entries
- Where it can continue to expand.

It can expand in the proposed location to 25,000 square feet.

EXPANDED AND EFFICIENT PRIMARY CARE FACILITY
A new outpatient primary care facility will be built.
- 100,000 square feet on 6 floors
- Floors are sized to efficiently hold various clinics and programs
- Located next to Emergency for transfer of the non-emergent patient.
- Preserves the facade of the historic building.
- Easily accessed from the parking structure.

BEST UTILIZATION OF EXISTING ASSETS
All of the existing buildings will need to be replaced in the not too distant future. This plan allows for phased replacement while solving the most critical problems as quickly as possible at lower cost.

IMPROVE SITE AND CAMPUS ACCESS
Campus access is completely changed by this plan
- A single street access is from the arterial 14th Street
- All public entries are at the same level and near each other.
- Adequate parking is provided on campus.
- Separate emergency vehicle access and parking are provided.
- Separate delivery vehicle parking is provided from 14th Street

HIGHLAND HOSPITAL
MASTER PLAN RESPONSES

ALLOW FOR FUTURE REPLACEMENT AND EXPANSION

Future expansion is possible in several locations. Two major expansion locations have been identified on the Health Facilities Master Plan.

North of the existing acute hospital tower can be used for:

- Replacement of the existing acute hospital tower
- Expansion of Ancillary Services such as Radiology & Laboratory or
- A second medical office building

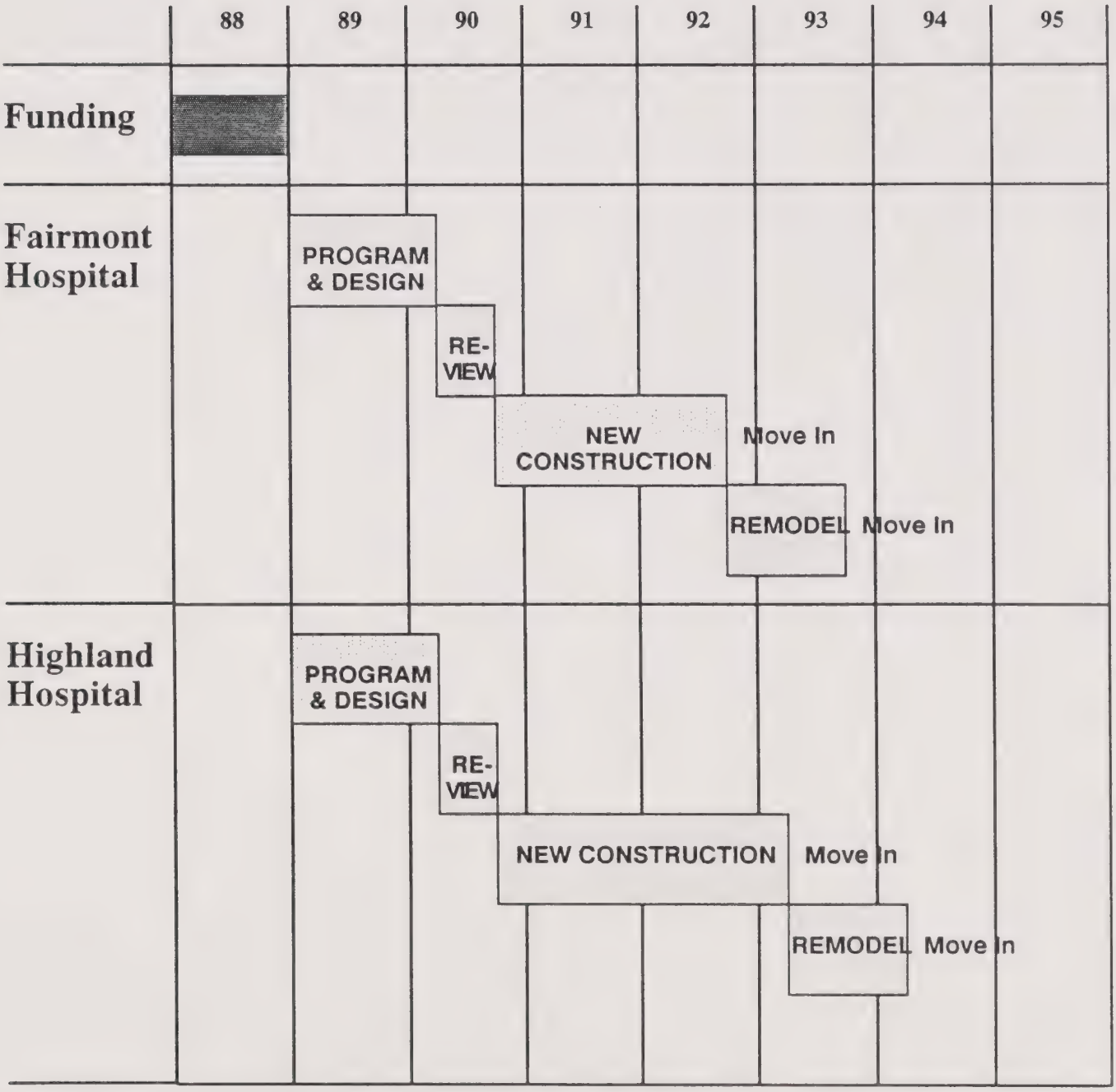
West of the existing surgery at the current parking structure can be used for:

- Expansion of Emergency
- Expansion of Ancillary Services such as Radiology & Laboratory or
- A second medical office buiding.

HIGHLAND HOSPITAL
PERSPECTIVE DRAWING

SCHEDULE

SCHEDULE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Funding
Fairmont Hospital
PROGRAM & DESIGN
RE-VIEW
NEW CONSTRUCTION
Move In
REMODEL
Move In
Highland Hospital
PROGRAM & DESIGN
RE-VIEW
NEW CONSTRUCTION
Move In
REMODEL
Move In

COSTS

PROJECT COSTS SUMMARY

	FAIRMONT	HIGHLAND	TOTAL
New Construction	$19,541,000	$28,182,000	$47,722,000
Remodel Construction	$6,337,000	$13,225,000	$19,602,000
Total Construction	$25,918,000	$41,406,000	$67,324,000
Project Costs *	$17,052,000	$25,749,000	$42,802,000
Total	$42,970,000	$67,156,000	$110,126,000

* Project Costs include equipment, furniture, contingencies, fees, permits, etc., excluding financing.

PROJECT COSTS
FAIRMONT HOSPITAL

NEW CONSTRUCTION		
Hospital Additions	**$12,628,000**	
Support Building	**$6,913,000**	
TOTAL NEW CONSTRUCTION		**$19,541,000**
REMODELING		
Administration Building	**$0**	
B-Building	**$1,977,000**	
E-Building	**$0**	
Service Building	**$0**	
TOTAL REMODELING		**$1,977,000**
PLANT AND SITE WORK		**$4,400,000**
TOTAL CONSTRUCTION COSTS		**$25,918,000**
PROJECT COSTS*		**$17,052,000**
GRAND TOTAL		**$42,970,000**

*** Project Costs include equipment, furniture, contingencies, fees, permits, etc., excluding financing.**

PROJECT COSTS
HIGHLAND HOSPITAL

NEW CONSTRUCTION		
Hospital Additions	$11,105,000	
Outpatient Building	$12,072,000	
Parking Structure	$5,005,000	
TOTAL NEW CONSTRUCTION		$28,182,000
REMODELING		
Acute Care Building	$5,106,000	
E-Wing	$268,000	
Clinic Building	$3,057,000	
Auditorium	$594,000	
TOTAL REMODELING		$9,025,000
RESTORE ADMIN BLDG & STEPS		$1,200,000
PLANT AND SITE WORK		$3,000,000
TOTAL CONSTRUCTION COSTS		$41,406,000
PROJECT COSTS *		$25,750,000
GRAND TOTAL		$67,156,000

* Project Costs include equipment, furniture, contingencies, fees, permits, etc., excluding financing.

APPENDICES

The Sacramento Bee

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County health pinch

Sacramento County is caught in a state squeeze. On the one side, the University of California, Davis, Medical Center, an arm of the state, is shuffling off the burden of being the county hospital, a role it accepted in 1972 but which now doesn't fit its teaching goals and its bottom line. On the other side, the state government continues to demand that the county care for the medically indigent without sending enough money to do the job. The result of the squeeze is likely to be diminished medical care for the poor and future budget pressure on other county services.

Under the new county contract approved the other day, the university, for the first time since it took over the Med Center from the county in 1972, will no longer have responsibility for non-emergency primary and hospital care of the county's medically indigent adults. Instead of going to the Med Center, people needing those services will get them from the county, either through expanded county clinics or other hospitals with which the county will contract. The Med Center will continue to provide services the county can't buy elsewhere, principally outpatient and inpatient emergency care.

UC's desire to rid itself of its role as county hospital is understandable. A heavy load of county patients does not provide the kind of patient mix best suited to its primary mission of teaching medical students. County patients also take up beds that might be used by private paying patients, who are vital sources of revenue. In UC's scale of priorities, those considerations outweighed the obligation that came with its takeover of the Med Center 16 years ago.

With the Med Center abandoning its central role in caring for the county's indigent patients, the county health system faces an uncertain future. The county Health Department estimates that it will cost an additional $5.7 million in the first year to provide services that the Med Center offered under the old arrangement. In 1988-89, the county will be able to fund that amount from new funds made available by state assumption of court costs. But it's an open question what happens beyond that.

Since 1982, when the state dumped most of the medically indigent on the counties, the state has consistently provided less money than promised to care for them. In other urban counties, the state's stinginess has stretched county health systems thin, decreased the availability and quality of care and, according to published research studies, cost some people their lives. Until now, Sacramento's old contract with the Med Center has somewhat buffered it and its patients from that fate. With the Med Center retreating, Sacramento County and the patients it serves may not be so lucky in the future.